



STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limos

Gerald Brice/ dba/Chuck Town Transit

RECEIVED

JAN 12 2011

PD1-18-10

227668

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET
NUMBER: 2010 - 30 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)
Submitted by: Gerald Brice (owner/operator)

Telephone: (843)642-0779

Address: 228 Barshay Dr.
Summerville, SC 29483

Fax: _____

(change of address)

Other: _____

Email: meseemo@gmail.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- ☐ Application - Class A/A Restricted
- ☒ Application - Class C Taxi
- ☐ Application - Class C Charter
- ☐ Application - Class C Charter Bus
- ☐ Application - Class C Non-Emergency
- ☐ Application - Class C Stretcher Van
- ☐ Application - Class E Household Goods
- ☐ Application - Class E Hazardous Waste
- ☐ Application
- ☐ Request for Extension to Comply with Order
- ☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded
- ☐ Request for Cancellation of Certificate
- ☐ Request for Suspension
- ☐ Request for Reinstatement

- ☐ Request for Name Change on Certificate
- ☐ Request to Amend Scope of Authority
- ☐ Request to Amend Tariff (rate increase, etc.)
- ☐ Request to Amend Passenger Limit
- ☐ Request
- ☐ Exhibit
- ☐ Late-Filed Exhibit
- ☐ Letter
- ☐ Proposed Order
- ☐ Publisher's Affidavit
- ☐ Reservation Letter
- ☐ Response
- ☐ Return to Petition
- ☐ Other: _____

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JAN 18 2011

PSC SC
CLERK'S OFFICE

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

Print Form

Reset Form

227

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR
OPERATION OF MOTOR VEHICLE CARRIER

RECEIVED

Date: 01/07/2011

JAN 12 2011

CLASS C - TAXI

ORS
T.T.W.W/W

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

Gerald Brice ^{dba} Chuck Town Transit

4747 Lambs. Rd. suite 15H N. Charleston 29418

Street Address of Applicant

228 Barshay Dr. Summerville, SC 29483

Mailing Address of Applicant if different from street address

(843)642-0779

Phone

Fax

meseemo@gmail.com

Email Address

2. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of SC, attach SC Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☒ Individual Owner/Sole Proprietorship

☐ Partnership - List names and address of all person having an interest in the business.

☐ Corporation - List names and addresses of two principal officers.

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance at Time Application is Filed:

Month 01 Year 2011

Assets:

Cash	800.00
Receivables	0
Real Estate	0
Buildings and Equipment (Net)	0
Motor Vehicles (Net)	10,000
Garage Equipment (Net)	0
Machinery and Tools (Net)	0
Supplies on Hand	50.00
Prepays and Other Assets	0
Total Assets	18,050.00
<u>Liabilities and Equity:</u>	
Accounts Payable	0
Notes Payable	650.00
Mortgages Payable	0
Equipment Obligations	0
Accrued Salaries and Wages	500.00
Other Accrued Obligations	0
Other Liabilities	0
Total Liabilities	1150.00
Capital Stock	0
Retained Earnings	0
Total Equity	10,000
Total Liabilities and Equity	2150.00

PROPOSED RATES AND CHARGES FOR SERVICE

Maximum Proposed Rates and Charges for Service are as follows:

\$3 to start and \$2.50 per mile

Counties to be Served:

Charleston, Berkely , Dorchester

Maximum Number of Passengers per Vehicle:

1

DESCRIPTION OF EQUIPMENT

[illegible]

FORM E
UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY
DAMAGE LIABILITY OF CERTIFICATE OF INSURANCE

(EXECUTED IN TRIPLICATE)

Check Type Cancelled:
BI and PD ☒
Cargo ☐

Filed with South Carolina Office of Regulatory Staff
(NAME OF COMMISSION)

(hereinafter called Commission)

This is to certify, that the DELOS INSURANCE COMPANY
(Name of Company)

(hereinafter called Company) of 120 WEST 45th STREET 38th FLOOR NEW YORK, NY 10036
(Home Office Address of Company)

has issued to GERALD BRICE DBA CHUCK TOWN TRANSIT
(NAME OF MOTOR CARRIER)

of 4747 LAMBS ROAD, 15-H, CHARLESTON, SC 29418
(ADDRESS OF MOTOR CARRIER)

a policy or policies of insurance effective from 6/3/2010 12:01 A.M., standard time at the address of the insured stated in said policy or policies and continuing until cancelled as provided herein, which, by the attachment of the Uniform Motor Carrier Bodily Injury and Property Damage Liability Insurance Endorsement, has or have been amended to provide automobile bodily injury and property damage liability insurance covering the obligations imposed upon such motor carrier by the provisions of the motor carrier law of the State in which the Commission has jurisdiction or regulations promulgated in accordance therewith.

Whenever requested, the Company agrees to furnish the Commission a duplicate original of said policy or policies and all endorsements thereon. This certificate and the endorsement described herein may not be canceled without cancellation of the policy to which it is attached. Such cancellation may be affected by the Company or the insured giving thirty (30) days' notice in writing to the State Commission, such thirty (30) days' notice to commence to run from the date notice is actually received in the office of the Commission.

Countersigned at 158 N. HARBOR CITY BLVD. MELBOURNE, FLORIDA 32935
(Street Address) (City) (State) (Zip Code)

This 11 day of June, 2010

Robert Alkine

Insurance Company File No. DBP11685-00
(Policy Number)

(Signature of Insurer)

RECEIVED

JUN 14 2010

T.T.W.W.W

INSURANCE QUOTE

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**. The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested.

The following insurance quote is for:

Gerald Brice/dba/ Chuck Town Transit

Name of Motor Carrier

4747 Lambs Rd. suite15H N. Charleston, SC 29418

Address of Motor Carrier

Amount of Premium:

Limits Quoted: (See Below)

Liability Insurance \$ Full coverage 500,000 Limits 25,000/50,000/25,000

The above quoted premium is for a term of 10 months.

Minimum Limits - Intrastate Only:

1-7 Passengers \$ 25,000/50,000/25,000

8-15 Passengers \$ 25,000/100,000/25,000

Venture Specialty Insurance LLC

Name of Insurance Company

PO Box 18026 Richmond, VA 23226

Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

Date

Authorized Insurance Company Representative's Signature

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact Vickie Coker with the Department of Motor Vehicles at (803) 896-8457.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

Exhibit FWA

Gerald Brice

Name of Applicant

1. Are there currently any outstanding judgments against the Applicant?

☐ Yes ☒ No

If Yes, indicate nature of judgement(s) against applicant.

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes ☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes ☐ No

Exhibit on Driver Qualifications

1. Applicant understands that all drivers must be a minimum of 18 years of age.

☒ Yes ☐ No

2. Applicant understands that a certified copy of the driver's three (3) year driving record issued by the SC DMV and such record from the DMV of the state in which the driver is or has been domiciled for such period must be maintained in the Applicant's business office.

☒ Yes ☐ No

3. Applicant understands that a criminal history background check from the state where the driver currently lives must be maintained in the Applicant's business office.

☒ Yes ☐ No

4. Applicant understands that all drivers operating a vehicle under a Class C Taxi Certificate must have in their possession when operating a charter vehicle, a valid driver's license issued by the SC DMV or the current state of residence of the driver.

☒ Yes ☐ No

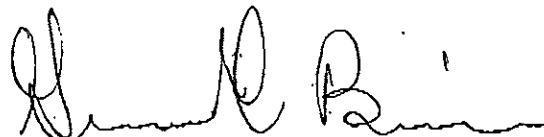
5. Applicant understands that all Class C Taxi Certificate holders are prohibited from employing or leasing vehicles to drivers who are registered, or required to be registered, as sex offenders with the South Carolina State Law Enforcement Division or any national registry of sex offenders.

☒ Yes ☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
POST OFFICE DRAWER 11649
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq. (1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol.23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

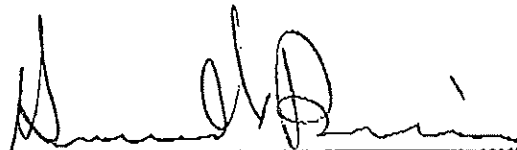
STATE OF SOUTH CAROLINA)
COUNTY OF Charleston)



Applicant's Signature

I, Gerald Brice, Owner/ Operator
Name of Applicant's Representative Title
of Chuck Town Transit
Applicant

the Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.



Signature of Applicant's Representative

SWORN TO BEFORE ME
This 11th day of January, 2011
Sharon M. Hirsch
Notary Public Sharon M. Hirsch
Commission Expires 10-27-2015

Sharon M. Hirsch
Notary Public of South Carolina
My Commission Expires: 10-27-2015